



S O U R D O U G H
B U S I N E S S P A T H W A Y S

Final Mentoring Session Form

Mentee to complete and forward to info@sbp.org.au

Mentee name: _____

Mentor name _____

Mentoring Period: _____

Overall Feedback on the Sourdough Mentoring Program:

What worked?

What could have been better?

How has the mentoring program assisted you in realising your business goals?

What additional mentoring support may be useful to you in the foreseeable future?